

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26909

State File No.

6701

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

FILED SEP 17 1941

1. (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hours
 In this community life 0 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME CHARLES KIRKPATRICK RAMSEY, Jr.
 3. (b) If veteran, name war no 3. (c) Social Security No. 494-03-6150

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased August 29, 1887
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	11	16	hr. min.

9. Birthplace St. Louis, Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Engineering Dept.

11. Industry or business Mid-West Piping & Supply Co.

12. Name Chas. Kirkpatrick Ramsey

13. Birthplace Godfrey, Ill. 1
 (City, town, or county) (State or foreign country)

14. Maiden name Ada Long

15. Birthplace Lexington Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry C. Neuschaff

(b) Address 864 Newport, Webster Groves, Mo.

17. (a) burial (b) Date thereof 8/18/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Alexander J. Long

(b) Address 6175 Delmar Blvd.

19. (a) AUG 16 1941 (b) J. T. Brudick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6436 Pernod Ave.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
 year 1941 hour 11:40 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 14 to Aug 14 1941
 that I last saw him alive on Aug 14 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary vascular disease
Occlusion of Posterior branch
 Due to Coronary vascular disease (not minor)
 Due to —

Other conditions Ag. gastro enteritis 3 days
 (Include pregnancy within 3 months of death)
Simple, cause unknown

Major findings:
 Of operations —
 Of autopsy —

Underline the cause to which death should be charged statistically.
Ag. gastro enteritis 3 days

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
 (b) Date of occurrence —
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury —

23. Signature W. H. Brudick M.D. or other —
 Address 17 E. Lockwood Date signed 8/16/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Raymond L. Morris
working under my personal supervision.

Registered Apprentice No. *290*

Signed.....

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.